cytoreduction. 43 patients received IDS with HIPEC and 80 patients had IDS without HIPEC. The median follow-up period was 34.4 months.

Results No differences in baseline characteristics in patients were found between the 2 groups. The IDS with HIPEC group had fewer median cycles of chemotherapy (P = 0.002) than IDS group. The IDS with HIPEC group had higher rate of high surgical complexity score (P = 0.032) and higher rate of complete resection (P = 0.041) compared to IDS group. The times to start adjuvant chemotherapy were longer in IDS with HIPEC group compared to IDS group (P < 0.001). Post-operative grade 3 or 4 complications were similar in the two groups (P = 0.237). Kaplan-Meier analysis showed that HIPEC with IDS group had better progression-free survival (PFS) (P = 0.010), while there was no difference in overall survival between two groups (P = 0.142). In the multivariate analysis, HIPEC was significantly associated with better PFS (HR, 0.60; 95% CI, 0.39 – 0.93).

Conclusions The addition of HIPEC to IDS resulted in longer PFS than IDS without HIPEC not affecting safety profile. Further research is needed to evaluate the true place of HIPEC in the era of targeted treatments.

**EP256/#931** RE-VALIDATION OF CHEMOTHERAPY RESPONSE SCORE (CRS) AS A PROGNOSTIC FACTOR IN OVARIAN CANCER: THE EFFECT OF BEVACIZUMAB AND HIPEC ON SURVIVAL

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Objectives The aim of the study is to re-verify CRS as a prognostic factor for ovarian cancer patients who received front-line maintenance therapy or intra-operative chemotherapy.

Methods The medical records from tubo-ovarian HGSC patients who received neoadjuvant chemotherapy followed by interval debulking surgery between August 2009 to April 2020 underwent retrospective analysis. Progression-free survival (PFS) and overall survival (OS) were obtained using Kaplan-Meier analysis; the aforementioned was used to evaluate the effect of bevacizumab, hyperthermic intraperitoneal chemotherapy (HIPEC) and CRS.

Results A total 233 patients were analyzed. 34 (14.6%) patients were treated with bevacizumab as a front-line maintenance therapy and 42 (18.0%) patients underwent IDS with HIPEC. CRS 3 in patients without bevacizumab maintenance therapy was associated with improved PFS (28.0 vs 21.1 months, p=0.047) and OS (87.2 vs 79.0 months, p=0.036) compared to CRS 1 or 2. However, there is no significant PFS or OS prolongation in bevacizumab-treated patients (p=0.254, p=0.505, respectively). Similarly, CRS 3 in HIPEC-naïve patients improved PFS significantly longer than CRS 1 or 2 (43.8 vs 19.7 months, p=0.015), whereas CRS 3 in HIPEC-treated patients were not significantly associated with prolongation of PFS nor OS (p=0.492, p=0.241, respectively).

Conclusions Contrary to bevacizumab or HIPEC-naïve patients, CRS system may not predict survival in patients who were already treated with bevacizumab or HIPEC as an additional front-line therapy.

**EP257/#1025** DOES GENETIC STATUS INFLUENCE TIME TO DEATH AFTER DIAGNOSIS WITH BRAIN METASTASIS IN OVARIAN CANCER?

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Objectives The purpose of this study was to evaluate the impact of BRCA mutation status on survival among patients with epithelial ovarian, primary peritoneal or fallopian tube cancer (EOC) and brain metastasis (BM).

Methods Single institution retrospective study of EOC patients who had access to germline and somatic genetic testing from 2017–2020. Genetic status, oncologic data and demographics were abstracted from medical records. Descriptive statistics were performed.

Results From 2017–2020, 449 patients underwent germline genetic testing, and 308 patients underwent somatic testing. BM incidence was 2.04% (1/49) among germline BRCA (gBRCA) mutated cases, 14.58% (7/48) among somatic BRCA (sBRCA) mutated cases, and 3.41% (12/352) among patients without germline or somatic BRCA mutations (non-BRCA) (p=.001). Median time from initial diagnosis to diagnosis with BM was 38 months for gBRCA, 29 months for sBRCA, and 23 months for non-BRCA cases. Two cases were diagnosed with BM at initial diagnosis. Median time to death after BM diagnosis is not reached for gBRCA, 27 months for sBRCA, and 12.5 months for non-BRCA cases. There was no difference in the number of isolated BM between groups; systemic disease was present at the time of BM diagnosis for 16/20 (80%).

Conclusions This is the first report describing outcomes of EOC with BM incorporating germline and somatic genetic data. BMs were most frequent in sBRCA patients. Survival after BM diagnosis was longest for the gBRCA, followed by sBRCA, and shortest for non-BRCA cases. The presence of BRCA mutations, germline or somatic, may represent a favorable prognostic factor if BM are diagnosed.

**EP258/#760** PEGYLATED LIPOSOMAL DOXORUBICIN DOES NOT AFFECT CARDIAC FUNCTION IN PATIENTS TREATED FOR GYNECOLOGIC MALIGNANCIES

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Objectives Pegylated liposomal doxorubicin (PLD) has a more favorable side-effect profile compared to doxorubicin. While the FDA label for PLD includes a black box warning concerning cardiac toxicity, the actual risk of cardiotoxicity is unknown and it may be substantially less than that of doxorubicin.

Methods All gynecologic malignancy cases with PLD use were reviewed over a 10-year period. Cardiac studies were aligned